OMB Number: 2030-0020 Expiration Date: 04/30/2021

EPA KEY CONTACTS FORM

Authorized Representative: Original awards and amendments will be sent to this individual for review and acceptance, unless otherwise indicated.

Name:	Prefi	fix: Mrs. First Name: Kathy						N	Middle Name:				
	Last	Name:	Strange						Suffix:				
Title:	Air Quality Programs Director												
Complete Address:													
Street1: 1904 Third Ave, Suite 105													
Stree	t2:												
City: Se		Seattl	tle			State:							
Zip / Postal		Code:	de: 98101			Country:	Country: USA: UNITED STATES						
Phone Number		er:	206-689-4095				Fax Numl	ber:					
E-mail /	E-mail Address:		kathys@pscleanair.gov										
Payee: Individual authorized to accept payments.													
Name:	Prefix	x: Mrs		First Name: K	aren				liddle Name:				
			Houser	J					Suffix:				
Title: Finance & Purchasing Manager													
Complete Address:													
Stree	t1:	1904 7	hird Ave,	Suite 105									
Street2:													
City:	[Seattl	.e			State: WA: Washington							
Zip / Postal Code:		Code:	98101			Country: USA: UNITED STATE			ΓES				
Phone Number		er:	206-689-4036			Fax Number:							
E-mail Address:		ss:	karenh@psc	leanair.gov									
Administrative Contact: Individual from Sponsored Programs Office to contact concerning administrative matters (i.e., indirect cost													
rate com	iputati	on, rec	udgeting req	juests etc).									
Name: Prefix: Mrs		x: Mrs						N	liddle Name:				
Last Name:			Houser					Suffix:					
Title: Finance & Purchasing Manager													
Comple	te Ad	dress:											
		Third Ave, Suite 105											
Stree	t2:	:											
City:	L	Seattle				State: WA: Washington							
Zip / Postal Code			98101			Country: USA: UNITED STATE							
	Phone Number:		206-689-4036 Fax Number:										
E-mail Address:		karenh@psc	karenh@pscleanair.gov										

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EPA KEY CONTACTS FORM

Project Manager: Individual responsible for the technical completion of the proposed work.

Name:	Prefix: Mr		First Name:	Adam				Middle Name:			
	Last Name	Petrusky						Suffix:			
Title:	Air Moni	r Monitoring Specialist II									
Complete Address:											
Stree	t1: 1904	Third Ave,	Suite 105								
Street2:											
City:	Seatt	le	.e			State: WA: Washington					
Zip / I	Postal Code	98101	98101		Country: USA: UNITED STATES			S			
Phone I	Number:	206-689-40	206-689-4081			Fax Numl	oer:				
E-mail A	Address:	adamp@psc]	leanair.gov								

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